

LOCAL GOVT BOARD  
109904  
2017

Westmorland County Council.

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# ANNUAL REPORT

OF THE

COUNTY

Medical Officer of Health.



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THE YEAR 1916.

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Atkinson & Pollitt, Printers, Kendal.







Westmorland County Council.

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# COUNTY OF WESTMORLAND.

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## Public Health and Housing Committee of the County Council.

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Chairman : MR. J. C. HAMILTON.  
MESSRS. J. W. WESTON. M.P.,  
G. M. BECK,  
F. W. CREWDSON,  
R. W. DENT,  
T. A. ARGLES.  
G. GILKES,  
R. P. HUNTER,  
H. P. MASON,  
J. MONKHOUSE,  
W. H. MUSGROVE,  
W. S. PAGET-TOMLINSON,  
J. PARKIN,  
G. H. PATTINSON,  
J. A. PATTINSON,  
D. J. PENNINGTON,  
H. A. T. SHEPHERD,  
ED. THOMPSON,  
R. B. THOMPSON,  
S. WOOD.

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## District Medical Officer of Health.

<i>Name.</i>			<i>Urban District.</i>
W. BARON COCKILL, M.D., D.P.H.		...	AMBLESIDE.
"	"	"	... APPLEBY.
"	"	"	... GRASMERE.
"	"	"	... KENDAL.
"	"	"	... KIRKBY LONSDALE.
"	"	"	... SHAP.
"	"	"	... WINDERMERE.
			<i>Rural Districts.</i>
"	"	"	... EAST
			WESTMORLAND.
"	"	"	... SOUTH
			WESTMORLAND.
"	"	"	... WEST WARD.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH AND  
HOUSING COMMITTEE.

Gentlemen,

I have the honour to submit my Sixth Annual Report, which deals with the year 1916.

### Main Features of the Year's Work.

On the outbreak of war, Lieut. Colonel Cockill, R.A.M.C., T.D., the Medical Officer of Health for the Westmorland Combined Districts, was called up for Military duty. With the sanction of the Local Government Board, I undertook to carry on his work.

On April the 1st, 1916, Colonel Cockill secured the services of Mr. C. E. Moore, B.A., M.B., B.Ch., B.A.O., L.D.S., T.C.D., as temporary Assistant Medical Officer of Health.

I desire to thank Dr. Moore for his cheery and ready help in School, District, and County Health work.

In view of war conditions, the present Report is designedly as brief as possible.

An attenuated Report does not, however, imply a condition of suspended animation; for the year 1916 has been remarkable for important and extended powers which have been conferred not only on District Health Authorities but on County Councils as well. For instance, the Public Health (Venereal Diseases) Regulations, 1916, entrust the Councils of Counties and County Boroughs with executive powers for the control of these diseases by measures diagnostic, remedial, and preventive. Your Committee has given careful thought to the preparation of a Scheme well adapted to meet local needs. (See page 19). By November, 1916, the first cases were being treated. Delay has been caused by the difficulty of completing arrangements with the various hospitals concerned.

The supremely important question of Maternal and Infant Welfare has become one of acute National concern. The County Council has framed a scheme on a County basis which has been approved by the Local Government Board. (See page 13).

Interesting, too, has been the co-operation between the Army Council and the local Medical Officers of Health. On their discharge from Military Hospitals, soldiers convalescent from infectious diseases are reported to the Medical Officer of Health, and precautions are taken to protect the civil population.



Again, the County Tuberculosis Officer has had referred to him from the Recruiting Officer and the Medical Boards men suspected to be suffering from Tuberculosis.

During 1916, there has been a great increase in the demand for beds at the Westmorland Consumption Sanatorium, many discharged tuberculous soldiers having been admitted.

## Vital Statistics.

### SUMMARY.

	1912.	1913.	1914.	1915.	1916.
*Birth Rate	... 20.36...	18.18...	17.63	... 17.41..	<b>15.23</b>
†Infantile Mortality Rate	... 69	... 107	... 67	... 74	... <b>67</b>
‡Nett Death Rate	... 12.15...	13.41	... 11.97...	12.01	... <b>14.34</b>
‡Phthisis Death Rate	... 0.55	... 0.58	... 0.44...	0.59	... <b>0.58</b>
‡Cancer Death Rate	... 1.25...	1.38	... 1.24...	1.10	... <b>1.40</b>

\*Rates calculated per 1000 living.

†Rates calculated per 1000 registered births.

‡Calculated on the Registrar General's "Death-rate" population estimate for 1916.

## POPULATION.

In the following Table, the Registrar-General's estimate of the civilian population of the Administrative County is compared with the Census of 1911.

DISTRICT.	Area in Acres : (Land and Inland Water).	POPULATION.	
		1911 Census.	1916. Estimated by Registrar General
URBAN.			
Ambleside ...	4,424	2,553	2,118 For Death rate. 2,304 For Birth- rate.
Appleby .. ...	1,876	1,736	1,655 ,, 1,801 ,,
Grasmere ...	7,332	876	737 ,, 802 ,,
Kendal ... ..	2,622	14,033	12,722 ,, 13,842 ,,
Kirkby Lonsdale	3,254	1,524	1,336 ,, 1,454 ,,
Shap ... ..	2,082	1,006	855 ,, 930 ,,
Windermere ...	9,907	5,147	5,113 ,, 5,563 ,,
RURAL.			
East Westmorland	183,154	11,151	10,509 ,, 11,434 ,,
South Westmorland	170,810	19,116	17,185 ,, 18,697 ,,
West Ward ...	119,869	6,433	5,971 ,, 6,497 ,,
Totals ...	505,330	63,575	58,201 For Death- rate. 63,324 For Birth- rate.

If the population is uncertain, as it must be now, then the rates based upon it can only be misleading. The births we know, and the deaths: the rest is surmise; and those who have gone were the healthiest of us all—the men with the Colours.



The following table gives the Birth Rates, the Recorded Annual Death Rates per 1,000 from all causes, and from the several Epidemic Diseases during the year 1916; also the Infantile Mortality Rates during 1916.

ANNUAL RATES PER 1,000 LIVING.										RATE PER 1000 BIRTHS.	
	Births.	Deaths.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diph- theria.	Diar- rhoea and Enteritis (under 2 years).	Total deaths under one year.	
England and Wales	21·6	14·0	0·03	0·00	0·15	0·04	0·16	0·14	12·47	91	
96 Great Towns ...	—	14·4	0·03	0·00	0·21	0·04	0·21	0·15	16·24	99	
148 Smaller Towns	—	13·0	0·03	0·00	0·14	0·04	0·14	0·15	10·79	90	
Westmorland ...	15·25	14·34	0·01	0·00	0·05	0·05	0·03	0·10	1·03	67	

# Birth Rate.

BIRTH RATE PER 1,000 POPULATION.

DISTRICT.	No. of Births 1916	Birth Rate 1916	Birth Rate 1915.	Birth Rate 1914	Birth Rate 1913.	Birth Rate 1912
URBAN.						
Ambleside ...	26	11.2	10.76	11.35	14.80	12.92
Appleby ...	15	8.3	25.26	22.46	23.61	16.12
Grasmere ...	13	16.2	14.28	18.26	10.26	23.97
Kendal ...	207	14.9	18.34	20.95	20.73	22.73
Kirkby Lonsdale ...	21	14.4	15.25	15.30	15.30	15.30
Shap ...	20	21.5	16.84	22.89	23.89	20.87
Windermere ...	53	9.5	13.19	14.76	13.98	18.84
RURAL.						
East Westmorland	222	19.3	18.48	20.08	21.15	24.21
South Westmorland	288	15.4	18.03	15.26	15.32	18.83
West Ward ...	101	15.7	16.67	16.32	18.49	18.34
<b>Westmorland</b> ...	<b>966</b>	<b>15.25</b>	<b>17.41</b>	<b>17.63</b>	<b>18.18</b>	<b>20.36</b>
England and Wales (Rural)	—	21.6	20.7	21.9	23.30	22.50



Making every allowance for war conditions, and taking the figures supplied by the Registrar General himself, we have still to face two phenomena which are very disquieting indeed: the Westmorland birth-rate, never high yet always tending to fall, and now in 1916 at its recorded minimum, continues to be lower than that of England and Wales; and the death-rate is higher.

### Death Rate.

NETT DEATH RATE PER 1,000 POPULATION.

DISTRICT.	No. of Deaths 1916	Death Rate 1916	Death Rate 1915	Death Rate 1914	Death Rate 1913	Death Rate 1912.
URBAN.						
Ambleside ...	26	12.2	13.9	15.66	9.01	12.92
Appleby ...	24	14.5	10.5	9.27	11.52	9.27
Grasmere ...	12	17.6	11.6	11.41	7.98	11.41
Kendal ...	206	16.2	14.9	12.61	15.67	13.32
Kirkby Lonsdale ...	18	13.4	6.5	16.00	10.00	5.30
Shap ...	18	21.0	16.8	15.9	13.91	12.92
Windermere ...	65	12.7	10.5	11.26	14.57	11.26
RURAL.						
East Westmorland	162	15.4	15.2	12.45	14.91	12.64
South Westmorland	222	11.8	15.7	9.88	11.35	10.92
West Ward ...	82	13.7	13.4	14.29	14.76	15.23
<b>Westmorland</b> ...	<b>835</b>	<b>14.3</b>	<b>13.9</b>	<b>11.97</b>	<b>13.41</b>	<b>12.15</b>
England and Wales (Rural)	—	14.0	15.1	13.30	13.10	12.90

The net County deaths in 1916 were 835, compared with 870 in 1915.

Of these, 351 were at or over 65, against 446 in 1915, or a decrease of 95. (See also Appendix 3).

### Infantile Mortality.

#### DEATHS OF INFANTS UNDER ONE YEAR.

DISTRICT.	No. of Deaths under 1 year in 1916.	Infant Death Rate per 1,000 Births in 1916	Infant Death Rate per 1000 Births in 1915.	Infant Death Rate per 1000 Births in 1914.*	Infant Death Rate per 1,000 Births in 1913.	Infant Death Rate per 1,000 Births in 1912.
URBAN.						
Ambleside ...	1	38	83	34	105	30
Appleby ..	1	66	23	179	48	0
Grasmere ...	0	0	90	0	0	47
Kendal ...	21	101	74	61	158	78
Kirkby Lonsdale ...	1	47	47	43	0	86
Shap ...	1	50	125	83	125	47
Windermere ...	2	37	98	78	13	61
RURAL.						
East Westmorland	16	72	83	93	101	77
South Westmorland	13	45	58	37	82	47
West Ward ...	9	87	105	85	159	135
Westmorland ...	*65	67	74	67	107	69
England and Wales (Rural) ...		91	98	93	96	86

\*Registrar General's Figures for 1916.



Since last year the County Infantile Mortality Rate (deaths of infants under one year per thousand births) has fallen from 74 to 67. The corresponding figures for England and Wales—98 and 91—show the same decrease.

This will not only gratify but also stimulate those who have taken part in Infant Welfare work.

The following is an analysis of the causes of deaths of Infants in 1916:—

DISTRICT DEATHS, CLASSIFIED ACCORDING TO DISEASES, OF INFANTS UNDER ONE YEAR.															
DISTRICT.	Whooping Cough	Bronchitis	Pneumonia (all forms)	T. B. Meningitis.	Meningitis.	Congenital Malformations.	Premature Birth	Atrophy, Debility, and Marasmus.	Convulsions.	Injury at Birth.	Enteritis.	Other Causes.	Syphilis.	Suffocation.	Totals
URBAN.															
Ambleside	-	-	-	1	-	1	-	-	-	-	-	-	-	-	2
Appleby ...	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Grasmere	-	-	-	-	-	-	-	-	-	-	-	-	-	-	—
Kendal ...	-	2	1	-	-	2	2	7	2	-	-	3	1	1	21
Kirkby Lonsdale	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Shap	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Windermere	-	-	-	-	-	1	1	-	-	-	-	-	-	-	2
RURAL.															
East Westmorland	1	1	1	1	2	1	4	1	-	1	1	2	-	-	16
South Westmorland	-	-	-	-	-	-	5	3	-	-	-	3	-	-	11
West Ward	-	2	-	-	-	1	4	-	-	1	-	-	-	-	8
TOTALS	1	5	2	2	2	6	18	12	2	2	1	8	1	1	63

How do these facts compare with other areas? We find a comparative statement as between Urban and Rural areas in Dr. Brend's recently published book "Health and the State," and to this has been added in the following table the figures for Westmorland.

**PATHOLOGICAL CAUSES OF INFANT DEATHS, 1914.**

CAUSE OF DEATH.	DEATHS UNDER 1 YEAR PER 1,000 BIRTHS.			
	England and Wales.	County Boroughs of North.	Rural Districts of South	County of Westmorland.
Total Respiratory Disease	25·66	35·03	13·86	18·7
Pneumonia	10·40	14·03	6·01	1·78
Bronchitis	7·75	10·76	4·69	9·8
Whooping Cough	4·38	5·31	2·14	7·1
Measles	2·14	3·77	·27	0
Pulmonary Phthisis	·35	·43	·29	0
Other Respiratory Diseases ...	·63	·73	·46	0
Diarrhœa and Enteritis	17·37	23·54	6·11	·89
Developmental Conditions	35·97	39·43	28·84	25·5
Other Diseases ...	25·63	31·78	16·72	15·16
All Causes ...	104·63	129·77	66·53	67·00



Explaining his classification, Dr. Brend writes :—“ If we take all the diseases and conditions from which infants die we obtain a fairly long list, but most of these are only of occasional occurrence and, as a matter of fact, by far the greater part of the mortality is brought about by quite a small number of diseases which fall into the three following sharply-distinguished groups :—

1. Respiratory diseases mainly Pneumonia and Bronchitis; but including deaths from Measles and Whooping-cough, since nearly all fatal cases of these maladies are due to the supervention of Pneumonia or Bronchitis.
2. Epidemic Diarrhoea and Enteritis.
3. Developmental Diseases and Malformations, i.e., conditions arising from some defect in the child present at birth.”

Commenting on the table, the writer says :—“ It will be noticed that the excess of infant mortality in the County Boroughs over that in Rural Districts is mainly due to the great increase in deaths from two causes, viz. : Respiratory Diseases and Enteritis. The excess from Respiratory Diseases is 153 per cent., and from Diarrhoea 285 per cent.; whereas the excess from developmental conditions is only 37 per cent. and from other diseases 90 per cent.”

The excessive mortality from respiratory diseases among infants living in industrial towns is, in Dr. Brend's opinion, largely accounted for by smoke and dust pollution in the atmosphere.

He argues :—“ We have noticed that the highest rates of infant mortality always occur in manufacturing towns, and over these there hangs throughout the year a pall of smoke which has been estimated to cut off 20 per cent. of bright sunshine, and as much as 40 per cent. of the total light.”

During the year under review your committee has been planning a “ Maternity and Child Welfare ” Scheme best suited for local needs. Following the suggestion of the Local Government Board's Circular of 29th July, 1915, your Committee felt that, having regard to efficiency and economy, a scheme on a County basis was indicated. Accordingly the District Health Authorities, viz. : Appleby, Ambleside, Grasmere, Kirkby Lonsdale, and Windermere, which were already engaged in work of this nature, were invited to consider the question of amalgamat-

ing their schemes with a County scheme. This they agreed to do. A scheme was then formulated (see Appendix 1) which has received the approval of the Local Government Board. It will be seen that, as regards home-visiting, the idea is to employ, where available, the services of the existing nurses who have in the past rendered much valuable help in School and Tuberculosis work; to encourage the formation of additional Nursing Associations; to appoint also one or two Supervising whole-time nurses to co-ordinate the work and, while giving each nurse ample scope for originality in methods, to see to it that a carefully thought out and accurate system of infant management be taught throughout the County, so that the mothers may not be bewildered by a multiplicity of counsel. I am much indebted to the members of the County Medical Panel Committee for their help and suggestions when drafting the Scheme.

The criticism is sometimes made that this kind of work is all very well for crowded industrial centres, but that it is not needed in rural districts. This criticism might have some point if in rural districts there was a vanishing infant mortality. Infants do perish in rural districts too. For instance, in Westmorland in 5 years we lost 475 babies. Nor is this all. Besides the death-rate of infants there is the damage-rate. Many infants who just manage to scrape through are rendered frail for life.

Child-life is so precious that in the child-health movement we have no room for the conscientious objector of the "better-dead" cult with his lean doctrine of the "survival of the fittest" which, as applied to babies, is not only brutal but inaccurate. These children perish not by Nature's contriving but by man's mishandling of the child's nurture and environment.



## CANCER DEATH RATES.

DISTRICT.	No. of Deaths in 1916.	Rates per 1000 in 1916.	Rates per 1000 in 1915.	Rates per 1000 in 1914.	Rates per 1000 in 1913.	Rates per 1000 in 1912.
URBAN.						
Ambleside ...	3	1·41	2·24	1·17	0·78	2·35
Appleby ...	3	1·81	0·58	0·57	—	2·88
Grasmere ...	2	2·71	1·29	1·14	—	2·28
Kendal ...	16	1·25	0·68	1·28	1·21	0·85
Kirkby Lonsdale	2	1·34	—	1·33	1·31	0·66
Shap ...	1	1·16	1·05	0·99	1·98	1·98
Windermere ...	7	1·36	0·94	1·35	2·33	1·35
RURAL.						
East Westmorland	20	1·90	0·91	1·25	1·61	1·34
South Westmorland	17	0·98	1·28	0·99	1·46	1·04
West Ward ...	11	1·84	1·92	2·01	1·08	1·55
<b>Westmorland</b>	<b>82</b>	<b>1·40</b>	<b>1·10</b>	<b>1·24</b>	<b>1·38</b>	<b>1·25</b>

# TUBERCULOSIS DEATH RATES.

DISTRICT.	PULMONARY.						NON-PULMONARY.					
	No. of Deaths 1916.	Mortality per 1000 1916.*	Mortality per 1000 1915.	Mortality per 1000 1914.	Mortality per 1000 1913.	Mortality per 1000 1912.	No. of Deaths 1916.	Mortality per 1000 1916.	Mortality per 1000 1915.	Mortality per 1000 1914.	Mortality per 1000 1913.	Mortality per 1000 1912.
URBAN.												
Ambleside ...	1	0·47	0·44	0·78	0·39	0·77	2	0·94	0·44	0·39	—	—
Appleby ...	0	—	—	—	0·57	0·57	0	—	—	—	—	—
Grasmere ...	0	—	1·29	1·14	1·14	—	0	—	—	—	—	—
Kendal ...	14	1·10	0·83	0·57	0·57	0·85	0	—	0·37	0·21	0·56	0·49
Kirkby Lonsdale ...	0	—	—	1·33	0·65	—	0	—	—	—	—	—
Shap ...	1	1·16	3·15	1·98	0·99	—	0	—	—	—	—	—
Windermere ...	3	0·58	0·55	—	0·58	0·97	0	—	0·18	—	0·58	0·19
RURAL.												
East Westmorland...	6	0·57	0·36	0·26	0·44	0·54	3	0·28	—	—	0·17	0·08
South Westmorland	5	0·29	0·44	0·31	0·68	0·36	4	0·23	0·16	0·41	0·15	0·20
West Ward ...	4	0·67	0·80	0·62	0·46	0·31	0	—	—	—	—	0·46
Westmorland ...	34	0·64	0·59	0·44	0·58	0·55	9	0·16	0·16	·08	0·25	0·25
England & Wales ...	—	—	—	—	0·74	0·77	—	—	—	—	—	—
(Rural)												

\* Rates on the Registrar General's "Death-rate" estimate for 1916.



Year	Population	Male	Female	Total
1870	1,212	605	607	1,212
1880	1,438	719	719	1,438
1890	1,712	856	856	1,712
1900	2,075	1,037	1,038	2,075
1910	2,500	1,250	1,250	2,500
1920	2,800	1,400	1,400	2,800
1930	3,200	1,600	1,600	3,200
1940	3,700	1,850	1,850	3,700
1950	4,200	2,100	2,100	4,200
1960	4,800	2,400	2,400	4,800
1970	5,500	2,750	2,750	5,500
1980	6,300	3,150	3,150	6,300
1990	7,200	3,600	3,600	7,200
2000	8,200	4,100	4,100	8,200
2010	9,300	4,650	4,650	9,300
2020	10,500	5,250	5,250	10,500
2030	11,800	5,900	5,900	11,800
2040	13,200	6,600	6,600	13,200
2050	14,700	7,350	7,350	14,700
2060	16,300	8,150	8,150	16,300
2070	18,000	9,000	9,000	18,000
2080	19,800	9,900	9,900	19,800
2090	21,700	10,850	10,850	21,700
2100	23,700	11,850	11,850	23,700

# Sickness Rates per 1,000 of the Population.

Disease	Year.	England and Wales (including ports).	England.	London.	English Administrative Counties (excluding London).	Rural Districts of England.	Westmorland.
Scarlet Fever ...	1913	3.58	3.51	3.89	2.96	2.61	1.78
	1914	4.47	4.38	5.54	3.87	3.45	1.88
	1915	3.59	3.53	3.94	3.32	3.14	1.79
	1916	2.19	2.14	2.07	2.21	—	1.17
Diphtheria ...	1913	1.39	1.39	1.70	1.26	1.03	1.91
	1914	1.61	1.60	2.02	1.53	1.32	1.36
	1915	1.52	1.52	2.11	1.40	1.25	0.40
	1916	1.50	1.51	2.06	1.40	—	0.40
Enteric Fever ...	1913	0.23	0.22	0.17	0.22	0.18	0.08
	1914	0.24	0.23	0.17	0.23	0.20	0.21
	1915	0.18	0.18	0.14	0.17	0.14	0.53
	1916	0.16	0.16	0.11	0.17	—	0.14
Puerperal Fever	1913	0.05	0.05	0.08	0.04	0.03	0.03
	1914	0.06	0.06	0.09	0.05	0.04	0.05
	1915	0.06	0.06	0.06	0.04	0.04	0.05
	1916	0.06	0.06	0.07	0.04	—	0.02
Erysipelas ...	1913	0.63	0.64	0.92	0.52	0.43	0.71
	1914	0.73	0.74	1.10	0.59	0.47	0.66
	1915	0.66	0.7	0.89	0.56	0.46	0.56
	1916	0.54	0.54	0.67	0.47	—	0.65

## INFECTIOUS DISEASE.

In the attached Table the sickness rates for Westmorland are contrasted with those of other areas.

In Appendix 4 will be found an analysis of the Infectious Diseases notified in the various Districts during the year 1916, with the number of cases removed to Isolation Hospitals.

### SCARLET FEVER.

There were 73 cases notified, against 111 in 1915. During the last five years, 1912-1916 inclusive, 595 cases were notified, giving a yearly average of 119.

### DIPHTHERIA.

In 1916, 25 cases were notified, against 27 in 1915, and 93 in 1914. During the past five years 383 cases were notified, with an average of 76.6.

### ENTERIC FEVER.

In 1916, ten cases were notified, against 33 in 1915, 15 in 1914, 4 in 1913, 1 in 1912, and 22 in 1911, making a total of 85, with an average for that period of 14.16 per annum. There was one death.

### MEASLES.

Since the 1st of January, 1916, when it became compulsory to notify Measles and German Measles, we have accumulated an amount of material which, if small relatively to that afforded by England and Wales, may still be large enough to admit of analysis, though it is impossible to avoid the surmise that all the cases are not known officially. For obvious reasons, Measles is neither inevitably recognized nor invariably notified. However, after another year, the working of the Act will doubtless improve.

As a glance at the Table (p. 18) will show, there were 468 cases, with three deaths. Therefore, in every 1,000 Westmorland people, about seven were attacked, and of these latter, more than eight per 1,000 died. Schools seem to have been the chief channels of infection, for the ages of maximum incidence ranged from 5 to 15.

Measles is a serious disease in three ways. It has a high morbidity; it has a high mortality; and its complications and sequelæ are grave. Where it fails to kill directly, it may succeed indirectly, through Broncho-pneumonia or Tuberculosis; and the victim who escapes both may remain delicate for years. It is to be hoped that the Regulations will make mothers realise the danger of Measles which is more fatal than Diphtheria or Scarlet Fever.

There were two outbreaks: one which began in December, 1916, at Staveley; and the other in May, 1916, at Langdale, where the first case notified was a visitor from Blackpool, who took ill immediately after his arrival.



# NOTIFIED CASES

## MEASLES GERMAN MEASLES.

	At all Ages.	—1	1—5	5—15	15—25	25—45	45—65	65—	Total Measles and German Measles.	At all Ages.	—1	1—5	5—15	15—25	25—45	45—65	65—
Ambleside	...	1	-	-	-	-	-	-	4	3	-	1	1	1	-	-	-
Appleby	...	0	-	-	-	-	-	-	5	5	-	2	2	1	-	-	-
Grasmere	...	2	-	1	1	-	-	-	3	1	-	-	-	-	1	-	-
Kendal	...	33	3	15	13	-	1	-	41	8	-	2	4	1	1	-	-
Kirkby Lonsdale	...	3	-	-	-	2	1	-	3	0	-	-	-	-	-	-	-
Shap	...	0	-	-	-	-	-	-	0	0	-	-	-	-	-	-	-
Windermere	...	145	3	33	102	4	3	-	152	7	-	-	4	1	2	-	-
East Westmorland	...	33	2	8	13	7	2	1	70	37	1	5	23	6	2	-	-
South Westmorland...	148	3	3	40	97	7	1	-	52	4	-	-	3	1	-	-	-
West Ward	...	4	1	1	2	-	-	-	38	34	-	4	28	2	-	-	-
Total	...369	12	97	229	21	7	3	-	468	99	1	14	65	13	6	-	-

Measles Morbidity 6·34 per 1000 population.

" Mortality 0·05 " " attacked.

German Measles Morbidity 1·70 per 1000 population.

" " Mortality 0·00 " " 0·00 per 1000 attacked.

## THE PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS, 1916.

Your Committee has devoted much attention to the preparation of a scheme for the control of these diseases. The preliminary steps are detailed in the following report submitted in August, 1916:—

### ABSTRACT OF PRELIMINARY REPORT BY THE COUNTY MEDICAL OFFICER OF HEALTH.

Gentlemen,

I have the honour to report that the above Regulations came into force on 12th July, 1916.

#### THE NEED FOR ACTION ON A NATIONAL BASIS.

In the *Lancet* of 28th June, 1913, appeared a plea from Sir Malcolm Morris for a Royal Commission on Venereal Disease:—“In this way the facts, of which the public were almost entirely ignorant, and which were most imperfectly appreciated even by legislators, must be placed on authoritative record so that all who claimed to be the leaders and teachers of the public—statesmen and politicians, the judiciary and magistrates, the press, the clergy, and the teaching profession—might become thoroughly cognisant of them. There must no longer be silence; the nation had been asleep while the enemy had been sewing his tares. It was a monstrous anomaly that the State should enforce the notification of many infectious diseases, and take charge of the insane, and inspect workshops and factories, and in a thousand other ways stretch out a long arm to safeguard the health of the community, and yet not lift a finger to protect the nation from such a devastating pestilence, which, more ruthless than the destroying angel who slew the first born, smote the babe unborn.”

This plea was supported by many other eminent medical men. For instance, Professor Adami stated:—“With a fuller realisation of the frequency of these congenital (venereal) diseases, of the havoc these are playing on individual lives, the misery, ill-health, and ruin they inflict, we have, during the last decade more especially, come to realise the hideous frequency of these diseases, and their ill-effects upon the innocent of the second generation. When we recognise the puny, miserable, parodies of humanity, doomed in most instances to an early death, that too often are the result of venereal disease in the parent; when we realise the preventable ills that follow in the train of these diseases, I wholly agree that the time has come when we should no longer refer to these matters by circumlocution, and when for the good of coming generations we should openly wage war against venereal diseases.”

A representative meeting of the British Medical Association unanimously adopted a resolution expressing its sympathy with the appeal.

And now, at last, the prevalence of these diseases has become a Public Health question. We have to remember that 50 per cent. of the victims contract the contagion innocently.

#### LEGISLATIVE MEASURES TAKEN.

A Royal Commission was appointed in November, 1913, to inquire into the prevalence of Venereal Diseases in the United Kingdom, their effects upon the health of the community, and the means by which those effects can be alleviated or prevented.

For the purpose of carrying out the recommendations of the Royal Commission on Venereal Diseases, the Local Government Board have made Regulations under the Public Health Acts, requiring the Councils of Counties and County Boroughs to organise, and carry into effect, schemes for the provision of facilities for the diagnosis and treatment of venereal diseases.

Section 2 of the Public Health (Prevention and Treatment of Disease) Act, 1913, provides that, *except in case of emergency*, the Board shall not require a County Council to execute and enforce Regulations made under Section 130 of the Public Health Act, 1875, without the consent of the Council.

Having regard to the findings of the Commission, the Board have arrived at the conclusion that the conditions of the present war constitute a case of emergency within the meaning of the Act of 1913.

Accordingly, the Regulations provide that the Council of every County and County Borough (1) *shall*, subject to the approval of the Local Government Board, make arrangements for enabling any medical practitioner, practising in the area of the Council, to obtain, at the cost of the Council, a scientific report on any material which the practitioner may submit from a patient suspected to be suffering from venereal disease; (2) *shall* prepare and submit to the Board a scheme (a) for the treatment at and in hospitals, or other institutions, of persons suffering from venereal disease, and (b) for supplying medical practitioners with salvarsan or its substitutes for the treatment and prevention of venereal disease.

The expenses incurred under these Regulations shall, in the case of a County Council, be defrayed as expenses for general County purposes. The Board promise to pay 75 per cent. of the expenditure incurred under these Regulations and approved by them.



## ACTION TAKEN.

I have to report that immediately on the issue of these Regulations, the Chairman of the County Council and the Chairman of the Public Health Committee conferred with me, when I was instructed :—

1. To collect such facts and figures as would help to indicate the approximate incidence of venereal disease in the County, taking into account the probable effect of the war.

2. To consult with the General Practitioners practising in the County and to invite their co-operation in carrying out the requirements of the Regulations.

3. To inquire into the existing hospital accommodation within the County.

4. To confer with the Medical Officers of Health of the Counties of Cumberland and Lancashire as to hospital accommodation, and the joint use of large general hospitals in these counties.

5. To ascertain if at the large central Laboratories (e.g., Public Health Laboratory, Manchester) arrangements could be made for the examination of materials and reports thereon. (See Article 1 of the Regulations).

The above instructions have been carried out, and, in addition, I attended in London a conference of County Medical Officers, convened to discuss the kind of scheme best suited for County areas. This conference was addressed by the Medical Officer of the Local Government Board. Thereafter I had a personal interview with Professor Delepine, the Director of the Public Health Laboratory, Manchester, and attended a meeting of Medical Officers of Health, held at this Laboratory, when a general discussion took place as to the best means of carrying out the provisions of Article I. (Pathological work).

As a result of the above investigations, I put forward the following preliminary suggestions, which are, however, quite tentative and experimental, as the data are few and one has therefore to argue, in large measure, from impressions, surmises, and probabilities :—

## 1.—INCIDENCE OF VENEREAL DISEASE IN WESTMORLAND.

After careful investigation of all the available sources of information, it would appear that Venereal Disease is not prevalent in this County. As compared with the large cities, and as between County and County, Westmorland is comparatively free.

## 2.—DIAGNOSIS.

To secure the services of an experienced Pathologist of the highest competence, it is well to look to the large Central Laboratories, such as the Public Health Laboratory, Manchester, where Professor Dean, the Professor of Pathology at Manchester University, is likely to undertake this work on a large scale for several authorities under the direction of Professor Delepine.

By agreement between your Council and this Laboratory, materials, etc., sent for examination from the County would be examined and reported on at agreed rates, these rates to include the cost of providing suitable outfits for the transmission of materials. Thus the provisions of Article I. will be met, whereby “any medical practitioner, practising in the area of the Council, may obtain at the cost of the Council, a scientific report on any material which the medical practitioner may submit from a patient suspected to be suffering from venereal disease.”

## 3.—TREATMENT.

In view of the geographical features of our County, with its sparse population, and its remoteness from large centres of population, it is no easy thing to evolve a scheme of treatment at once thorough, economical, and effective.

The proposal which, after consultation with the Local Government Board, met with the general acceptance of the Public Health Committee may be summarised as follows:—

That the Pathological work be done at the Public Health Laboratory, Manchester, and that, provided their travelling expenses be a charge on the scheme, patients be treated at hospitals in Manchester. Patients would prefer the hospitals in a large city where their identity is unknown. Many patients would go direct to the Manchester Laboratory for diagnostic purposes, and then proceed to the Clinical Officer, a specialist at one of the Manchester hospitals. This scheme would in any case be operative for one year only, and would be modified from time to time as experience may suggest.

## COST OF PATHOLOGICAL WORK AND TREATMENT.

It is estimated that if every case in the County were treated the cost would be about £1,000 per annum, of which the Treasury would pay £750 and the County £250; but it is much more likely not to be half this amount.

# FURTHER ACTION TAKEN.

At an interview with the Local Government Board, the Chairman of the Council, the Chairman of the Public Health Committee, the Clerk, and myself, met Drs. Newsholme and Coutts.

The local facts and figures having been submitted to Dr. Newsholme, he admitted at once that the framing of a scheme suitable for this County is beset with difficulties. He advised that for the first year the scheme should be tentative and experimental, and that thereafter the scheme can be recast in the light of experience gained. In his opinion the estimate of the incidence of venereal disease was too high, while the total cost of £1,000 presupposed that every person who had contracted venereal disease would be dealt with, which for the first few years is very unlikely indeed.

I desire to thank the Doctors practising in the County for their valued help and suggestions in this preliminary investigation. Before a complete scheme is submitted for adoption, I hope to confer with them again, in order to secure their guidance and co-operation in formulating and carrying out the details of a scheme best suited to local needs.

I have the honour to remain,

Yours obedient Servant,

WILLIAM ELMSLIE HENDERSON,

County Medical Officer of Health.

25th August, 1916.

On the invitation of your Committee the local Panel Committee appointed two of its members, viz., Dr. T. G. Mathews and Dr. D. Riddell, to co-operate in the preparation of a scheme. The thanks of your Committee are due to these gentlemen for their help and guidance.

The Scheme, as completed, is reproduced in Appendix 2.



## CONTROL OF TUBERCULOSIS.

As the methods adopted have been previously described at length, a brief statistical analysis must suffice.

In 1916, 80 persons were notified as suffering from Tuberculosis, 68 from pulmonary, and 12 from other forms. Thirty-four deaths were registered as due to pulmonary, and nine to other forms.

COMPARATIVE STATEMENT RESPECTING PHTHISIS NOTIFICATIONS IN 1916.

SANITARY DISTRICT.	Area in Acres (land and inland waters).	Estimated civil population in the middle of 1916.	No. of Persons notified.	Proportion per cent. of total persons notified in the county.	Proportion per cent. of population to total population of the county.	Excess or otherwise of cases notified in proportion to population.
URBAN.						
Ambleside	4,424	2,118	4	5.8	3.7	+ 2.1
Appleby ...	1,876	1,655	2	2.9	2.9	+ 0.0
Grasmere	7,332	737	0	—	—	—
Kendal ...	2,622	12,722	18	26.4	22.6	+ 3.8
Kirkby Lonsdale	3,254	1,336	2	5.8	2.3	+ 3.5
Shap ...	2,082	855	1	1.4	1.5	— 0.1
Windermere	9,907	5,113	7	10.2	9.0	+ 1.2
RURAL.						
East Westmorland	183,154	10,509	12	17.6	18.6	— 1.0
South Westmorland	170,870	17,185	15	22.0	30.5	— 8.5
West Ward	119,869	5,971	7	10.2	10.6	— 0.4

Calculated on the Registrar General's "Death Rate" population estimate for 1916.

THE COUNTY SANATORIUM BENEFIT SCHEME.  
STATISTICAL REPORT.

1. RESIDENTIAL TREATMENT.

From January the 1st, 1916, to December the 31st, 1916, the number of admissions to Meathop was 48—27 males and 21 females.

Of the 48 patients admitted in 1916, there were :—

Insured.	Dependants of Insured.	Non-insured Non-dependants.
25	12	11

Their age-constitution was as follows :—

	Under 14.	14—20.	21—30.	31—40.	Over 40.
Insured	0	5	11	4	5
Dependants	6	3	2	1	0
Non-insured Non-dependants	3	2	1	3	2
Totals	9	10	14	8	7

2. DISPENSARIES.

The table below shows what has been done at the Dispensaries in 1916 :—

	No. of new Patients examined.	No. of Insured.	No. of Non- insured.	No. of examinations made.
Kendal	57	23	34	282

3. DOMICILIARY VISITS.

The work increases year by year as will be seen in the following statement :—

NUMBER OF DOMICILIARY VISITS.

By Tuberculosis Officer.		By District Nurses.	By After-Care Visitors (Kendal only).	Grand Total.
1915	97	1010	1378	2485
1916	105	1529	1510	3144

### ISOLATION HOSPITAL ACCOMMODATION.

#### 1. INFECTIOUS DISEASES OTHER THAN PHTHISIS AND SMALL-POX.

There is one bed to every 567 of the population. As a rough estimate, it is recognised that the ratio should never be less than one to a thousand.

The Health Authorities of the East Westmorland and the West Ward Rural Districts are to be congratulated on securing a motor ambulance to render less formidable the remoteness of certain localities from the nearest isolation hospital.

One is needed badly for patients who have to be removed to Kendal from the outlying parts of South Westmorland Rural District.

SITUATION.	TOTAL BEDS AVAILABLE.			Number of dise'ses which can be treated concurrently.
Kendal ...	32 beds	12 cots	...	4
Windermere ...	{ 13 „	2 cots	...	2
	{ 6 „	(convalescent cases)		
Ormside ..	32 „	...	...	2
Kirkby Lonsdale	2 „	...	...	1
Grasmere ...	4 „	...	...	1
TOTAL BEDS (including cots)	103			

#### 2. SMALL-POX HOSPITAL ACCOMMODATION.

In view of war contingencies, careful thought has been given to this matter by your Council and the Kendal Health Committee. All is in readiness at the hospitals for instant occupation. Fortunately, there has been no call on them so far.

Situation.	No. of beds available.
Woodside, near Kendal ...	35
Ormside ...	2
	—
	37
	—



### 3. PHTHISIS ACCOMMODATION.

For many years, thanks to generous voluntary effort, this County has had, in the Westmorland Consumption Sanatorium, ample room for the segregation and the treatment of all cases, both early and advanced.

For instance :—

			Beds.
(a)	In the Sanatorium	...	82
(b)	In the Home	...	53
			<hr/>
			135
			<hr/>

### HOUSING.

Housing inspection had to be curtailed in 1916: many of the Staff were in the Army; and shortage of labour caused delay in remedying the defects discovered. Nevertheless, a good deal of work has been done.

The Board has recently issued to all Health Authorities, urban and rural, a schedule asking for information as to housing conditions, overcrowding, lack of houses, building schemes considered necessary, etc. This national survey, with its promise of financial help from the Treasury, is of the utmost importance, and it is hoped that the various Health Authorities throughout the County will give their most earnest consideration to this subject.

The housing question looms largely as a factor in the spread and continuance of Tuberculosis and other diseases. It is intimately bound up with the reconstruction promised after the war. If we wish to get people back to the Open Country we must have healthy homes ready for them.

## MIDWIVES ACT, 1902.

With regard to the Supervision of Midwives, which is carried out under my direction, the Table gives the number and the qualifications of those practising.

## REGISTERED MIDWIVES PRACTISING IN THE ADMINISTRATIVE COUNTY OF WESTMORLAND.

LOCALITY.	Number.	QUALIFICATION.		
		C.M.B.	L.O.S.	In Practice July, 1901.
Kendal ... ..	6	2	—	4
Gatebeck ... ..	1	—	—	1
Preston Patrick ... ..	1	1	—	—
Levens ... ..	1	—	—	1
Witherslack ... ..	1	1	—	—
Burton ... ..	1	—	—	1
Kirkby Lonsdale ... ..	1	1	—	—
Upper Lune District...	1	—	1	—
Underbarrow ... ..	1	—	—	1
Bowness-on-Windermere	1	—	—	1
Windermere ... ..	1	—	—	1
Crosthwaite ... ..	1	—	1	—
Ambleside ... ..	1	1	—	—
	18	6	2	10

More than half of the midwives have not had maternity hospital training, while there are large areas, e.g., the Eden Valley, where no registered midwife practises. The Health Committee, in co-operation with the Education Committee, has arranged to award scholarships for maternity training. The Maternal and Child Welfare Scheme (see p. 30) provides for existing deficiencies.

## THE ADMINISTRATION OF THE SALE OF FOOD AND DRUGS ACTS, 1875 TO 1907.

The following copy of the Public Analyst's Report for 1916 refers to the County of Westmorland, excluding Kendal :—

*Samples Analysed.*

Milk	...	...	...	28
Pepper	...	...	...	5
Lard	...	...	...	1
Butter	...	...	...	4
Tea	...	...	...	2
Ground Almonds	...	...	...	2
Coffee	...	...	...	3
Sugar	...	...	...	1
Ground Rice	...	...	...	1
Cream of Tartar	...	...	...	1
Baking Powder	...	...	...	4
Ground Cloves	...	...	...	1
Sweetmeats	...	...	...	1
Mustard	...	...	...	1
Egg Powder	...	...	...	1

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56

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Three samples of milk were deficient, two in fat, one in non-fatty solids. A sample of ground cloves was adulterated with starch. Each of the vendors was cautioned by the Justices. The other samples were genuine.

The following Table shows the action taken in Kendal in 1916 :—

Article.	No. of Samples.	Result of Analysis.
Milk Powder ...	One	Genuine
Whisky ...	One	Genuine
Butter ...	Four	Genuine
Milk ...	Two	Genuine
Baking Powder ...	Four	Genuine
Baking Powder ...	One	Arsenic found 0·10 grain per lb.
Egg Powder ...	Four	Genuine
Self-raising Powder ...	One	Genuine

I have the honour to remain,

Your obedient Servant,

WILLIAM ELMSLIE HENDERSON,

County Medical Officer of Health.



## Appendix 1.

MATERNITY AND CHILD WELFARE.

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SCHEME FOR THE COUNTY OF WESTMORLAND.

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*Approved and adopted by the County Council of the Administrative County of Westmorland, on the 16th day of March, 1917.*

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The Council of the County of Westmorland, with the approval of the Local Government Board, do hereby in exercise of the powers given to County Councils by Section 2 of the Notification of Births (Extension) Act, 1915, and by Section 133 of the Public Health Act, 1875, constitute and make the following Maternity and Child Welfare Scheme for the County of Westmorland, excluding the Borough of Kendal.

## AUTHORITIES TO ADMINISTER THE SCHEME.

1. Subject to the provisions of this Scheme, the County Council, acting by its Public Health and Housing Committee, shall provide for :

## HOME-VISITING BY NURSES.

- (a) The systematic home visitation of infants and of children not on a school register.

The County Council shall, by annual payments to the present 14 District Nursing Associations, secure the services of the District Nurses to carry out this work. The Council further undertakes, by the offer of annual payments, to encourage the establishment of additional Nursing Associations in the areas at present without District Nurses, and in these areas will make payments in aid not exceeding 50 per cent. of the cost. In necessitous areas the County Council may increase this grant.

The County Council shall appoint one or two whole-time Nurses, who shall act as Supervising Nurses and Inspectors of Midwives in their respective districts, and also act as Health Visitors in isolated places incapable of being included in a District Nursing area.

(b) The home-visiting of expectant mothers.

It shall be the duty of the above-mentioned nurses to get into touch with expectant mothers, to advise on the necessary preparations for the confinement, and to urge the mother to seek the advice of her medical attendant early in the pregnancy, should any abnormal symptoms occur.

#### MATERNITY BEDS AT INSTITUTIONS.

The County Council shall endeavour to enter into agreements with the Governors of Institutions to rent beds at an agreed sum per annum for the following purposes :—

- (i.) The treatment of complicated cases of pregnancy.
- (ii.) The confinement of sick women suffering from any condition involving danger to the mother or the infant.
- (iii.) The treatment of non-contagious complications arising after parturition, whether in the mother or the infant.

#### PROVISION OF SKILLED AND PROMPT ATTENDANCE DURING CONFINEMENT AT HOME.

2. The County Council shall pay the fees of a Doctor called in to attend mothers in necessitous circumstances, and these fees shall be at such rates as shall be agreed upon between the local Medical Committee and the County Council, with the approval of the Local Government Board. The fees of a midwife called in under similar circumstances shall be paid by the Council.

No annual payments will be made by the County Council to the aforementioned additional District Nursing Associations unless the County Council is satisfied (1) that the Nurse employed by the Association has

- (a) had at least 2 years' training at a General Hospital, and
  - (b) is a Certified Midwife;
- (2) that the Nurse will be available to conduct confinements as a Midwife, or to act as Maternity Nurse when a Doctor is in charge of the case.

#### THE LOCAL SUPERVISION OF MIDWIVES.

3. The County Council as the local Supervising Authority under the Midwives Act, 1902, shall appoint the before-mentioned whole-time Nurses to carry out this work under the direction of the County Medical Officer of Health.

## DUTIES OF NURSES.

4. These, stated in outline, shall be :—

(a) District Nurses :—

1. Sick Nursing, excluding infectious disease.
2. Midwifery—either with a Doctor, or as Midwives, according to local custom and arrangement.
3. Home-visiting of expectant mothers.
4. Home-visiting of infants and children not on school register.
5. Instruction of older girls in Infant Management.
6. Instruction of Mothers at occasional village meetings.
7. School-work and “following-up.”
8. Tuberculosis visiting.

(b) Supervising Nurses :—

1. Supervision of District Nurses.
2. Supervision of Midwives.
3. Home-visiting of expectant mothers, of infants and of children not on a school register, in areas uncovered by District Nurses.
4. School-work and “following-up” in the above areas.
5. Tuberculosis visiting in the above areas.

## GENERAL.

5. Instruction in Infant Management of older girls attending Elementary Schools.

6. The County Council shall appoint a Committee with power to appoint Sub-Committees to supervise the Maternity and Child Welfare work in the County, on the lines set out on page 7 of the Board's circular of 23rd September, 1916.

## DURATION OF SCHEME.

7. This Scheme shall continue in force so long only as one half of the deficiency of annual expenditure incurred by the County Council in carrying out the Scheme shall be paid by the Local Government Board.

Given under the Common Seal of the County Council of Westmorland this First day of June, 1917.

W. H. MUSGROVE,

D. J. PENNINGTON,

A. MILNE,

Clerk.

} Members of the  
Council.



## Appendix 2.

**THE PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS, 1916.**  
**SCHEME FOR THE COUNTY OF WESTMORLAND, APPROVED AND**  
**ADOPTED BY THE COUNTY COUNCIL OF THE ADMINISTRATIVE**  
**COUNTY OF WESTMORLAND ON THE FIRST DAY OF DECEMBER,**  
**1916.**

The County Council for the administrative County of Westmorland, with the approval of the Local Government Board, do hereby in exercise of the powers given to County Councils by the Public Health (Venereal Diseases) Regulations, 1916, constitute and make the following Scheme (a) for the provision of laboratory facilities for aid in diagnosis; (b) for the treatment at, and in, hospitals, or other institutions, of persons resident within the County suffering, or suspected to be suffering, from Venereal Disease; and (c) for supplying salvarsan to Medical Practitioners who have the qualifications defined in the Local Government Board's circular of 29th August, 1916.

**AUTHORITIES TO ADMINISTER THE SCHEME.**

Subject to the provisions of this Scheme, the County Council, acting by its Public Health and Housing Committee, shall provide for the diagnosis and institutional treatment of all persons resident within the County suffering, or suspected to be suffering, from Venereal Disease, as from 1st January, 1917.

**(A) PROVISION OF LABORATORY FACILITIES FOR AID IN DIAGNOSIS**  
**AND TREATMENT.**

By arrangement between the County Council and the Director of the Public Health Laboratory of the University of Manchester, the under-mentioned work will be undertaken for Westmorland cases.

1. Microscopic examination of discharges for detection of gonococci, confirmed in exceptional cases by cultural methods.
2. Microscopic examination of discharges from sores, mucous patches, etc., for detection of spirochetes or of other organisms.
3. Wassermann tests on the blood serum of patients—  
 (a) for the diagnosis of syphilis;  
 (b) for a control of the effect of treatment.
4. Examination of foetal tissues for the presence of spirochetes.
5. Wassermann tests and microscopic examination of the cerebro-spinal fluid of patients.
6. Other tests directly concerned with the diagnosis or treatment of venereal disease.

#### PROVISION OF OUTFITS FOR TRANSMISSION OF MATERIALS.

These will be provided by the Committee of the Public Health Laboratory. With each outfit supplied, there will be enclosed :—

1. A circular of instructions for collecting the specimen.
2. A form to be filled in containing clinical details of the case.
3. A label with the address of the Pathological Laboratory.

#### DUTIES OF PATHOLOGIST.

1. The Director of the Public Health Laboratory, Manchester, will be personally responsible for the pathological work under this Scheme, and will sign all reports sent out from the Laboratory.
2. The Pathologist will send reports on the results of the examinations to the Practitioner or Medical Officer concerned.
3. A copy of each report, or a register embodying its contents, will be kept in the Laboratory, and a summary statement will be sent quarterly to the County Medical Officer of Health.
4. The Pathologist will co-operate with General Practitioners and with the Medical Officers of Clinics, and furnish such information as to specimens sent to him as will guide them in diagnosis and treatment.
5. Medical Practitioners may consult personally with the Pathologist at the Laboratory, and the Pathologist will instruct them in the collection of specimens, and in other work required under the regulations.
6. Where practicable, the patients, in the first instance, should be sent direct to the Laboratory to have specimens taken.

#### FINANCIAL.

The County Council shall pay to the Director of the Public Health Laboratory of the University of Manchester, for each examination, the following sum, viz. :—

- (1) Microscopic examination for detection of gonococci or spirochetes 3s. 6d., and in addition the incidental expenses mentioned below.
- (2) Wassermann test 5s., and in addition the incidental expenses mentioned below.

These incidental expenses shall include the supply of apparatus for the collection and transmission of specimens, as well as printed instructions, forms for clinical details, and addressed labels.

## GENERAL.

A supply of apparatus for the collection of specimens will be kept by the County Medical Officer of Health, Lowther House, Kendal, for distribution to general practitioners on application. Every practitioner will, without payment, obtain the above laboratory assistance provided under the Scheme. This provision is made gratuitously for the patient as well as for the practitioner.

## (B) TREATMENT CENTRES.

Institutional treatment will be provided at Manchester, in accordance with the terms of agreements to be made between the Governing Body of the Royal Infirmary, Manchester, and the Council of the County of Westmorland; and between the Governing Body of St. Mary's Hospital for Women, Manchester, and the Council of the County of Westmorland.

*Suggested terms of Agreement to be made between the above-mentioned Hospitals and the Council of the County of Westmorland.*

The Managers of the Hospital agree to treat cases on behalf of the Westmorland County Council, in accordance with the Circular of the Local Government Board, dated July, 1916, subject to the following terms:—

1. The patients to be treated are patients suffering from venereal diseases in all their communicable stages.
2. Treatment will be given—
  - (a) at the usual out-patient department, or
  - (b) in beds at the hospital, according to the nature of the treatment required.
3. No distinction will be made as regards these patients to indicate that they are undergoing treatment for Venereal Diseases.
4. All information regarding any person treated under this Scheme is to be considered as confidential.
5. The Managers of the Hospital will appoint as Medical Officer responsible for the treatment of patients under this Scheme, a Medical Practitioner possessing the qualifications detailed in paragraph 17, page 21, of the Memorandum (accompanying the Venereal Diseases Regulations) of the Medical Officer of the Local Government Board.
6. The duties of the said Medical Officer will be those defined in paragraphs 18 to 25 of the above-mentioned Memorandum.
7. Appropriate printed instructions will be given to each patient receiving treatment.



*Financial.*

8. The County Council of Westmorland will pay to the Governing Body of the Hospital a sum for each case treated, which sum shall cover all reasonable expense incurred by the Hospital in treating the case, and also the said Medical Officer's fee. As regards in-patients, payment will be made at an agreed amount per bed per day.
9. The above terms of agreement are tentative, and will be subject to review at the expiry of six months from the date of this agreement.

(C) SUPPLY OF SALVARSAN SUBSTITUTES TO MEDICAL PRACTITIONERS.

The County Council will supply such Salvarsan substitutes as are approved by the Local Government Board free of charge to Medical Practitioners practising within the County who are certified by the Clinical Officer as possessing one or other of the qualifications specified in the Board's Circular letter of the 29th August, 1916.

(D) THE RELATION OF THE MEDICAL PRACTITIONER TO THE SCHEME.

It is the desire of the County Council that through the co-operation of the Medical Practitioners of the County the suggestions contained in the beforementioned Memorandum (p. 24) may be realised, and the Council will pay the sum of £1 1s. od. in respect of expenses for each registered visit of a Medical Practitioner in the County to the Clinical and Pathological Institutions, in order that they may avail themselves to the full of the facilities offered, and fulfil the intention of Section IV. (2) of the Memorandum.

(E) THE DUTIES OF THE COUNTY MEDICAL OFFICER OF HEALTH IN RELATION TO THE SCHEME.

The duties of the County Medical Officer of Health shall be those defined in paragraphs 28-36 of the Memorandum.

*General.*

All patients who need and desire payment of their railway fares to and from the Pathological and Clinical Institutions shall have them refunded by an appropriate method which shall not disclose their identity to other than their own Medical Adviser. The payment of the said railway fares shall be a charge on the Scheme.

*Duration of Provisional Scheme.*

This Scheme is provisional, and shall be subject to review after it has been in force for six months. It shall continue in force for the said six months, provided three-fourths of the deficiency of expenditure incurred by the County Council in carrying out the Scheme shall be paid by the Treasury.

## Appendix 3.

## DISTRICT DEATHS CLASSIFIED ACCORDING TO DISEASES. (REGISTRAR GENERAL'S FIGURES.)

NAME OF DISTRICT	Enteric Fever.	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Influenza	Erysipelas	Pulmonary Tuberculosis	Tuberculous Meningitis	Other Tuberculous Diseases	Cancer, malignant disease	Rheumatic Fever	Meningitis	Organic Heart Disease.	Bronchitis.	Pneumonia (all forms)	Other diseases of Respiratory Organs	Diarrhoea and Enteritis	Appendicitis and Typhlitis	Cirrhosis of Liver	Alcoholism.	Nephritis and Bright's Disease	Puerperal Fever	Other accidents and diseases of Pregnancy and Parturition	Congenital Debility and Malformation including Premature Birth	Violent Deaths, excluding Suicide	Suicide	Other defined diseases	Diseases ill-defined or unknown	TOTALS	
URBAN																																
Ambleside ...	-	-	-	-	-	-	-	-	1	1	1	3	-	1	5	1	-	-	-	-	1	-	-	-	-	-	-	-	-	11	1	26
Appleby ...	-	-	-	-	-	-	1	-	-	-	-	3	-	-	4	3	-	-	-	-	-	-	1	-	1	1	-	-	-	10	-	24
Grasmere ...	-	-	-	-	-	-	2	-	-	-	-	2	-	-	2	-	1	-	-	-	-	-	-	-	-	-	1	-	4	-	12	
Kendal ...	1	-	2	-	-	3	6	-	14	-	-	16	1	-	28	16	5	3	-	4	3	-	11	1	1	9	5	1	76	-	206	
Kirkby Lonsdale	-	-	-	-	-	-	-	-	-	-	-	2	-	1	5	-	1	-	-	-	-	-	-	-	-	1	1	-	5	2	18	
Shap ...	-	-	-	-	-	-	1	-	1	-	1	1	-	-	5	-	-	-	-	-	1	-	-	-	-	1	3	-	4	-	18	
Windermere ...	-	-	-	1	1	-	3	-	3	-	-	7	-	-	7	2	3	-	-	2	-	-	2	-	-	2	2	-	29	1	65	
RURAL.																																
East Westmorland	-	-	1	1	1	1	6	2	6	2	1	20	-	3	20	15	4	5	1	1	1	-	4	-	1	6	4	1	55	-	162	
South Westmorland	-	-	-	1	-	1	9	-	5	1	3	17	2	1	27	9	8	6	-	4	5	-	3	-	-	7	8	2	101	2	222	
West Ward ..	-	-	-	-	-	1	4	-	4	-	-	11	1	1	12	3	3	2	-	-	-	-	-	-	-	6	3	-	31	-	82	
TOTALS	1	-	3	3	2	6	32	2	34	4	6	82	4	7	115	49	25	16	1	11	11	-	21	1	3	33	27	4	326	6	835	





## Appendix 4.

CASES OF INFECTIOUS DISEASES NOTIFIED IN EACH DISTRICT, WITH THE NUMBER  
REMOVED TO HOSPITAL.

NAME OF DISTRICT	NUMBER NOTIFIED.											NUMBER REMOVED TO HOSPITAL.										
	Enteric Fever	Measles	German Measles	Scarlet Fever	Diphtheria	Erysipelas	Phthisis	Other Forms of Tuberculosis	Cerebro-spinal Meningitis	Poliomyelitis	Puerperal Fever	Enteric Fever	Measles	German Measles	Scarlet Fever	Diphtheria	Erysipelas	Phthisis	Other forms of Tuberculosis.	Cerebro-spinal Meningitis	Poliomyelitis	Puerperal Fever
URBAN																						
Ambleside ...	-	1	3	5	1	1	4	2	1	-	-	-	-	-	-	1	-	1	-	-	-	-
Appleby ...	-	-	5	-	1	1	2	-	-	* 1	-	-	-	-	-	-	-	-	-	-	-	-
Grasmere ...	-	2	1	14	1	-	-	-	-	-	-	-	-	-	14	1	-	-	-	-	-	-
Kendal ...	1	33	8	11	9	12	18	2	-	-	-	1	-	2	9	7	2	12	-	-	-	-
Kirkby Lonsdale	1	3	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
Shap ...	-	-	-	2	1	-	1	-	-	-	-	-	-	-	2	1	-	1	-	-	-	-
Windermere ...	1	145	7	8	-	-	7	1	-	-	-	-	-	-	7	-	-	6	-	-	-	-
RURAL.																						
East Westmorland	-	33	37	8	3	9	12	3	-	-	1	-	-	-	4	1	-	5	-	-	-	-
South Westmorland	5	148	4	20	5	15	15	4	-	-	-	4	-	-	11	5	2	5	2	-	-	-
West Ward ...	2	4	34	5	3	1	7	-	-	-	-	-	-	-	2	2	-	3	-	-	-	-
TOTALS	10	369	99	73	25	40	68	12	1	1	1	5	-	2	49	18	4	34	2	-	-	-

\* An old case, dating from infancy.









